



Incident Report

Print Date/Time: 08/01/2016 12:10

Login ID: ss0143

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00006551

Incident Date/Time: 4/7/2016 7:11:58 PM
Location: SR 9 SE / 20TH ST SE
LAKE STEVENS WA 98258
Phone Number: (425) 308-6316
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N1	SS0072-Aukerman
19N2	SS0132-Kilroy

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	DAHAN, BRIENNE					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2016	Toyota		Gray	AYJ8727	WA
Involved Vehicle	Passenger Car	2010	Ford		Black	AWP9788	WA

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

04/07/2016 : 19:13:38 SP0274 Narrative: AA BOLO

04/07/2016 : 19:13:28 sp0257 Narrative: LR257

04/07/2016 : 19:12:57 sp0257 Narrative: CC, NON INJ, NON BLOCKING, GRY TOYT CAMRY VS BLK FORD FUSION

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E532303**CASE # **16-00006551**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **04** - **07** - **2016** **1911** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**20TH ST SE**BLOCK NO. ☒**9500**

MILE POST

DISTANCE

200**00**

MILES

☒ N ☐ E☒ S ☐ W

OF (REFERENCE OR CROSS STREET)

SR 9 SE

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME **COOPER**FIRST NAME **KYLA**MIDDLE
INITIAL **E**STREET
NEW ADDRESS **1311 116TH DR SE**CITY **LAKE STEVENS**ST **WA**ZIP **982587936**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE # **COOPEKE109B8**STATE **WA**SEX **F**D.O.B.
MMDDYYYY **01****28****1990**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USE **2**INJURY
CLASS **1**

NATURE OF INJURIES

LICENSE
PLATE # **AWP9788**STATE **WA**VIN# **3FAHP0HA8AR161036**TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR **2010**MAKE **FORD**MODEL **FUS4D**

STYLE

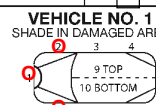
VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **KYLA COOPER 1311 116TH DR SE LAKE STEVENS WA 98258**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **PROGRESSIVE 71143682**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE



UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME **GAHAN**FIRST NAME **BRIENNE**MIDDLE
INITIAL **E**STREET
NEW ADDRESS **1311 116TH DR SE**CITY **LAKE STEVENS**ST **WA**ZIP **982587936**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE # **GAHANBE136C6**STATE **WA**SEX **F**D.O.B.
MMDDYYYY **02****26****1987**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USE **2**INJURY
CLASS **1**

NATURE OF INJURIES

LICENSE
PLATE # **AYJ8727**STATE **WA**VIN# **4T1BF1FK3GU167571**TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR **2016**MAKE **TOYT**MODEL **CAMRY**

STYLE

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **BRIENNE GAHAN 1311 116TH DR SE LAKE STEVENS WA 98258**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **LIBERTY MUTUAL AO2-268-884341-40 6 5**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE



OFFICER'S NAME (PRINT)

W. AUKERMAN

BADGE OR ID #

0072

AGENCY

WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E532303**CASE # **16-00006551**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 04/07/2016 at about 1911 hours I was dispatched to a non-blocking/non-injury collision near the intersection of 20th Street SE and SR 9 SE in the city of Lake Stevens.

I arrived on scene and spoke to both involved drivers. The drivers said they were related and live together. There were not passengers in the vehicles at the time of the collision.

The drivers said they had been stopped in traffic at the red light for eastbound 20th Street SE traffic approaching SR 9 SE. The driver of U1 said her foot slipped off the clutch as traffic began to go and that her vehicle had struck the back of U2; underide.

There were no reported injuries at the time of the collision and neither vehicle was towed.

I provided the drivers with the exchange of information and cleared the incident.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN
04-07-16 07:48 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

4/8/2016 5:18:56 AM

BADGE OR ID #

0072

ORI #

WA0311900

TIME POLICE DISPATCHED

7:11 PM

TIME POLICE ARRIVED

7:13 PM

REPORT NO. E532303

CASE # 16-00006551

DATE AND TIME
OF COLLISION 04/07/16 19:11

